

## CITY OF EASTVALE APPLICATION FOR EMPLOYMENT

City of Eastvale Human Resources 12363 Limonite Ave, Suite 910 Eastvale, CA 91752 (951) 361-0900

## **Equal Opportunity Employer**

The City of Eastvale complies with all applicable federal, state and local laws prohibiting employment discrimination on the basis of race, religion, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, age, genetic information, sex, sexual orientation, gender identity or gender expression. The City of Eastvale will consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions of the job.

POSITION APPLIED FOR (Exact Job Title):					
NAME:(Last Name) (First Name)	20)	()	Al)		
ADDRESS:	ie)	(//	MI)		
CITY:STATE:		ZIP:			
HOME PHONE:CELL PHO	NE:				
EMAIL:					
Have you ever been discharged or forced to resign from a position? (If ye	s, please explain below	)	□ No		
After employment, can you submit verification of your legal right to worl	k in the United States?	☐ Yes	□ No		
EDUCATION	k in the United States?	☐ Yes	∐ NO		
	Course(s) of Study	Number of Credits	Degree, Certificate or License Awarded		
EDUCATION  Names and locations of all universities, colleges, business or trade schools		Number of	Degree, Certificate or License		
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EDUCATION  Names and locations of all universities, colleges, business or trade schools	Course(s) of Study	Number of Credits Earned	Degree, Certificate or License		
EDUCATION  Names and locations of all universities, colleges, business or trade schools attended  List Certificates and/or Licenses and dates received related to this	Course(s) of Study  List membership in P to this position:	Number of Credits Earned	Degree, Certificate or License Awarded		

Employment History: List all jobs you have held in the last ten (10) years, including volunteer work. Begin with your most current position. If you need more space, you may attach additional sheets utilizing the same format. Explain any gaps between employment periods. "See attached resume" will not be accepted in lieu of filling out this section. From: Job Title: \_\_\_\_\_ To: Month/Year Month/Year Name & Address of Employer: Name & Title of Supervisor: Reason for leaving or wanting to leave: Monthly Salary: Lowest \$ Highest \$ Hours per Week: Telephone: Job Title: From: Month/Year Month/Year Duties:\_\_\_\_ Employer Name & Address: Supervisor Name & Title: Reason for leaving: Telephone: Monthly Salary: Lowest \$ Highest \$ Hours per Week: Job Title: From: Month/Year Month/Year Duties: Employer Name & Address: Supervisor Name & Title: Reason for leaving: Monthly Salary: Lowest \$ Telephone: Highest \$ Hours per Week: Are you 18 years of age or older? Yes ☐ No Do you need special accommodation throughout the recruitment process? If yes, please specify below: Yes ☐ No Do you hold a valid driver's license? □ Yes ☐ No Driver's License Number\_\_\_\_\_ State\_\_\_\_ Expiration Date \_\_\_\_\_ Class \_\_\_\_\_ APPLICANT CERTIFICATION (read carefully before signing): I hereby certify that all statements contained herein are true, correct and complete to the best of my knowledge. I understand that misstatements of material facts may disqualify me from employment with the City of Eastvale

I understand that the City of Eastvale may wish to verify the accuracy of the information contained in my application. If I am a finalist for this position, I authorize the City of Eastvale to obtain information regarding my references, education or training, prior employment and anything else listed on my application. I understand that an offer of employment is contingent upon the successful completion of a confidential background investigation and physical examination including drug and alcohol testing.

and anything else listed on my application. I understand that an offer of employment is confidential background investigation and physical examination including drug and alcohol tes	<b>5</b> 1
APPLICANT SIGNATURE	DATE

## APPLICANT STATISTICAL INFORMATION FORM

In order to comply with Federal and State Equal Employment Opportunity requirements, we would appreciate your voluntary cooperation in providing the following information. Prior to review of the employment application, the Applicant Statistical Information Form is removed and retained separately. Any information you provide is kept confidential and utilized for statistical purposes only.

1. Please che	ck one:   Female   Male	
2. Please che	ck one:  Under 40 40 or Over	
	aduate High School?	
	Circle highest year completed: 8 9 10 11 12 13 14 15 16 17 18 19 20	
5. I consider r	myself to be (please check only one in this section):	
A. 🗆	WHITE, NOT OF HISPANIC ORIGIN (Persons having origins in any of the original peoples of Europe, Nort Africa, or the Middle East.)	:h
В. 🗆	BLACK, NOT OF HISPANIC ORIGIN (Persons having origins in any of the Black racial groups of Africa.)	
C. 🗆	HISPANIC (Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture origin, regardless of race.)	or
D. 🗆	ASIAN OR PACIFIC ISLANDER (Persons having origins in any of the original peoples of the Far East, Southeas Asia, the Indian Subcontinent, or the Pacific Islands, including China, Japan, Korea, the Philippine Islands an Samoa.)	
E. 🗆	AMERICAN INDIAN OR ALASKAN NATIVE (Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.)	ì,
6. How did yo	ou first learn of this employment opportunity?	
	City of Eastvale Employee	
	A friend or relative	
	City of Eastvale's website	
	Advertisement (employment website, newspaper, publication, television or radio), please identify:	
	Referral from an organization or group, please list:	
	Other:	
Applicant Nan	me:	